For your



Benefits



Published by the Group Insurance Commission for active and retired employees of the Commonwealth of Massachusetts and participating communities

Deval Patrick, Governor

Thomas A. Shields, Chair

Dolores L. Mitchell, Executive Director

Fall 2012

GROUP INSURANCE COMMISSION

Providing State and Participating Community Employees, Retirees, and Their Dependents with Access to Quality Care at Reasonable Costs

Inside This Issue of FYB:

- ➤ Flexible Spending Account Open Enrollment: October 1 - November 16page two
- ➤ New Premium Bills Rolled Out This Fall: Efficiency Improves

.....page three

Survivor Recertification Due November 9

.....page three

Popular Brand Name Drugs Now Available As Generics

.....page four

Buyout Open Enrollment: October 1- November 5, 2012

.....page five

Participating Municipalities Can Now Opt Into GIC Retiree Dental Programpage six

For the latest GIC benefit news, see our website:

www.mass.gov/gic.

Federal and State Health Care Reform and GIC Health Plan Procurement -What Does it Mean to You?

The much anticipated Supreme Court decision upholding the Patient Protection and Affordable Care Act (federal health care reform) means that GIC members will not lose benefits that were implemented effective July 1, 2011:

- Expansion of dependent children coverage up to the age of 26
- No cost sharing (copays and deductibles) for certain preventive care services, such as mammograms, scheduled immunizations, routine OB/GYN visits and physicals

The GIC and our plans continue to roll out federal health care reform. New Summaries of Benefits and Coverage will be distributed to each plan's members before the start of the spring annual enrollment period. These documents will provide a summary of the plans' benefits, exclusions and cost-sharing requirements in a uniform format. Your 2012 W-2 tax form will show the aggregated employer and employee health insurance premium costs for informational purposes only. The Health Care Spending Account maximum election amount will change to \$2,500 for the 2013 calendar year (see article on page 2).

Massachusetts continues to take the lead on health care reform. Legislation initially proposed by Governor Patrick to rein in health care costs passed on the last day of the legislature's formal sessions. This Health Care Cost Control law encourages adoption of new ways of paying for care and increases price transparency. It encourages a shift from the fee for service model – where doctors and other providers are paid by the number of procedures they perform – to new payment models that promote better coordinated care with a focus on primary care. The GIC and the state's Medicaid program are required to move to alternative payment systems in keeping with these goals. The GIC's all-health plan procurement for coverage effective July 1, 2013, which is now underway, will integrate these objectives by including spending targets for our insurers. Although we do not know which health plans will emerge from this procurement, we anticipate that they will look forward to the challenge of remaining leaders on health care reform.



Save Money on Out-of-Pocket Health Care and/or Dependent Care Costs Enroll in Flexible Spending Account Benefits October 1 – November 16

pen enrollment for the GIC's Flexible Spending Accounts (FSAs) takes place October 1 through November 16, 2012, for calendar year 2013 benefits. By enrolling in these popular benefits, state employees save on average \$250 in federal and state taxes for every \$1,000 contributed; savings depend on the employee's family tax bracket. FSA benefits, administered by Benefit Strategies, include two options:

Health Care Spending Account (HCSA): Pay on a pre-tax basis for out-of-pocket health care expenses not covered by your health or dental plan. Examples include:

- Physician office visit and prescription drug copays
- Inpatient hospital, outpatient surgery and emergency room copays
- Calendar year medical and mental health deductibles
- Eyeglasses, prescription sunglasses, and contact lenses
- Orthodontia and dental care
- Chiropractor and acupuncture visits

Dependent Care Assistance Program (DCAP): Pay on a pre-tax basis for qualified dependent care expenses for children under age 13 and disabled adult dependents. Eligible expenses include day care, after-school programs, and elder day care.

Calendar Year Maximums - Election Amount Changes for HCSA

HCSA: Due to federal law, the maximum election amount for HCSA for calendar year 2013 will change to \$2,500. The minimum election amount remains unchanged at \$500.

DCAP: Elect an annual contribution of up to \$5,000 per household for the DCAP program; this amount is unchanged from 2012.

Reimbursement of Expenses – Second HCSA Debit Card Now Free

All HCSA participants receive a free debit card to con-

veniently pay for health care expenses out of their HCSA account. Participants will now receive a second debit card free for an eligible family member. Additional cards for other covered dependents may be ordered for \$5.00 per set of two.

For both the HCSA and DCAP accounts, participants can submit a completed claim form with a receipt to Benefit

Strategies. Benefit Strategies will deposit the reimbursement to your bank account or will mail you a check, depending on whether or not you enroll in direct deposit.

Be sure to keep copies of all HCSA and DCAP receipts with your tax documents in case of an IRS audit.

Eligibility and Administrative Fee

HCSA: All active state employees who are eligible for GIC health benefits are eligible to enroll in HCSA; employees must work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week.

DCAP: Active state employees, including contractors, who work half-time or more and have employment-related expenses for a dependent under the age of 13 and/or a disabled adult dependent are eligible for DCAP.

Fee Unchanged: For the 2013 calendar year, the monthly administrative fee for HCSA only, DCAP only, or HCSA/DCAP combined is \$3.60 on a pre-tax basis.

Don't Delay – Enroll No Later Than November 16 to Save on Taxes in 2013

Current participants must re-enroll each year; you will receive instructions on how to re-enroll online. Enrollment forms for new participants are available through your Payroll Coordinator and on the GIC's website (www.mass.gov/gic). For additional details, contact Benefit Strategies at 1-877-FLEXGIC (1-877-353-9442).

Survivor Recertification Due to the GIC by November 9, 2012

as the surviving spouse of a state or municipal employee or retiree, the GIC will be mailing you a re-certification form in October. You must complete and return this form to the GIC no later than Friday, November 9, 2012, to continue your GIC survivor coverage. This audit of your continued eligibility is an important part of the GIC's fiduciary responsibility. Failure to complete and return this re-certification will result in the cancelation of your GIC health insurance coverage. Your prompt attention to the re-certification process is appreciated.

GIC survivor coverage remains effective until the survivor remarries, fails to pay the premium, or dies, whichever comes first. If you have remarried, the GIC will send you information about continuation coverage through COBRA. Thank you for your assistance with this important audit.

New Premium Bills Rolled Out this Fall: Efficiency Improves

ost GIC members pay their premiums through payroll or pension deduction. Some members, including those on COBRA, are billed for their premium. Some state survivors, employees on leave without pay, and those with a missing payroll deduction also are billed directly for their premiums. If you are billed for your GIC premiums, look for this new bill in the fall. The bill will look different and will have the following changes:

- One bill instead of three if you have basic life and health, dental/vision and long term disability coverage, you used to receive three separate bills. Now, you will receive a single bill with the different coverages and payment amounts itemized.
- ❖ New P.O. Box The P.O. Box for bill payments will change. See the new bill for details.
- ❖ How payments are applied be sure to review how your payments are applied; this is outlined on the statement. Current charges are paid off first, followed by basic life insurance, health insurance, optional life insurance, Long Term Disability, Dental/Vision, Retiree Dental, and overdue balances. It's important to keep your premium payments up-to-date to avoid termination of coverage.



Federal and State Health Care Reform and GIC Health Plan Procurement – What Does it Mean to You?

continued from page 1

Although benefits, plan options, and rates for the next fiscal year will not be known until late winter, here are some **possible** ways GIC members might be affected by the new state legislation and all-health plan procurement. The new health care climate may:

- Require you to choose a Primary Care Provider
 who might be a nurse practitioner, an internist, gynecologist, or family practitioner;
- Realize stabilized and reduced annual health insurance premium increases;

- Result in changes in provider options or incentives for getting care at high quality, low cost providers;
- Give you greater access to provider cost information; and
- Create additional opportunities for you to take advantage of wellness incentives.

It's an exciting time for health care in Massachusetts and the GIC looks forward to again being a leader in these endeavors.

Popular Brand Name Drugs Now or Soon Available As Generics

ost drug classes offer several options. Some are higher-cost brand name drugs and others are lower-cost generic options. Choosing a generic medicine can save you money each time you fill a prescription while still safely and effectively treating your condition.



coming into the marketplace. You need not learn

the chemical name of the generic option because Massachusetts law has long mandated that generics be substituted for a brand unless the doctor writes otherwise. The GIC urges patients to use generics when they are

available – they save you and your plan money.

Generic medications are available for common conditions such as high cholesterol, high blood pressure, allergies, asthma, migraines, stomach acid conditions, osteoporosis, infections, depression, pain/inflammation, migraines, overactive bladder and many other conditions. All generic drugs must be reviewed and approved by U.S. Food and Drug Administration (FDA). The FDA requires generic equivalents to have the same active ingredients, and to work in the body the same way as the brand-name drug. Generic medicines may look different in size or color, and their names are different (they are referred to by their chemical names instead of brand names), but the FDA has the same standards for their quality and effectiveness as for their brand-name counterparts.

Good News...

When a brand-name drug's patent protection expires, the FDA can approve generic versions of the drug. Many

Route 200 parts
then makes
DR. speak 100
DRING 100 CAR
SACREDALL
CARRELAN
DR. CARRE

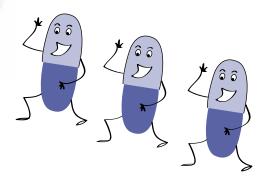
brand-name drugs have already lost or are about to lose patent protection, which means more generics are Examples of brand name drugs, and the conditions they're most commonly used to treat, with recently approved generic equivalents are:

- Lipitor® for high cholesterol
- Plavix® for preventing blood clots
- Lexapro® for depression
- Zyprexa* for symptoms of schizophrenia
- Seroquel® for symptoms of schizophrenia

Examples of brand name drugs, and the conditions they're most commonly used to treat, that are scheduled to have a generic version later this year are:

- Singulair® for asthma
- ♦ Actos® for type 2 diabetes
- Diovan®- for high blood pressure

Talk to your doctor or pharmacist about changing to a generic medication when it becomes available. If no generic equivalent exists for a prescription you are taking, consider asking your doctor if there is a generic alternative medicine available to treat your condition. It's a good idea to ask about generic options every time your doctor prescribes a new medication.



Going Out-of-Network for Your Care Can Be Very Expensive

any GIC members are in health plans that allow the option of going out-of-network for care – going to doctors and hospitals that don't contract with the plan. If you are in a GIC PPO Plan (Harvard Independence, Tufts Navigator, and UniCare/PLUS), the member share of the out-of-network cost is generally 20 percent; different member costs apply for UniCare/Basic and UniCare/Community Choice.

Most medical and mental health plans pay a non-contracted provider based on "reasonable and customary rates," sometimes called "allowed amounts." (These provisions are outlined in your plan handbook.) These are the amounts the plans typically pay for the type of services you are receiving. However, be aware that doctors and hospitals often charge the health plan more than the going rate. Depending on the plan and especially out of state, a provider may sometimes bill you for your 20% share *plus* the difference between what they charge and the plan's allowed amount, also known as a balance bill. The cost of balance bills can be substantial.

So what can you do to avoid costly balance bills?

- Only visit network medical and mental health/substance abuse doctors and hospitals providers who have contracts with the plans.
- * If you are traveling out of your health plan's service area or are a full-time student living out-of-state, contact your medical or mental health plan to find out which participating plan providers are in your area. Harvard Independence, UniCare, and United Behavioral Health have national networks that full-time students can use.
- If you do get a balance bill, talk to the provider to see if the provider is willing to negotiate with you on these charges.

Note: For members of the UniCare Indemnity Plan/Basic, although you have benefits with any provider, the possibility of balance billing still exists. Be sure to contact UniCare and United Behavioral Health for the names of network providers in your area that accept the plan's payment as payment in full.





Buyout Open Enrollment October 1 – November 5, 2012

If you have access to non-GIC health insurance (for example, through your spouse), it may pay to participate in the buyout program. Eligible state employees and retirees receive 25% of the full-cost monthly premium in lieu of GIC health insurance benefits for one 12-month period of time.

To be eligible for this program for the buyout effective January 1, 2013, you must:

- Be insured with the GIC on July 1, 2012, or before, and continue your coverage through December 31, 2012; and
- Have other non-GIC health insurance coverage that is comparable to the health insurance you now receive through the GIC.

Employees in HR/CMS and UMASS agencies will receive the buyout remittance monthly in their paycheck.

Employees of housing and other authorities as well as retirees will receive a monthly check. The amount of payment depends on your health plan and coverage.

For example - State Employee with Tufts Health Plan Navigator family coverage

Full-cost monthly premium on January 1, 2013: \$1,456.70 Employee receives 12 monthly payments of 25% of this premium (after federal, Medicare, and state tax deductions): \$248.73

Total amount received: \$2,984.76

For additional information, contact the GIC: 617-727-2310 ext. 1. For the buyout application, see the GIC forms section of our website (www.mass.gov/gic) or your Payroll Coordinator.

Participating Municipalities Can Now Opt Into GIC Retiree Dental Program

unicipalities that participate in the GIC health insurance program now have the opportunity to offer their retirees and survivors the GIC Retiree Dental Program. The Commonwealth's Fiscal Year 2013 budget included a provision to extend the GIC Retiree Dental coverage to participating GIC municipalities. Municipalities have until December 1, 2012, to opt into the program for July 1, 2013 coverage. They may only offer this coverage if they do not offer another retiree dental plan. Each December 1 of subsequent years, participating municipalities may opt into the program for July 1 coverage, with the term concurrent with the city or town's GIC health insurance coverage.

The GIC Retiree Dental Program is administered by Metropolitan Life Insurance Company (MetLife). The plan offers a fixed reimbursement for dental services, such as examinations, cleanings, fillings, crowns and dentures with a calendar year maximum of \$1,000 per person. Members of

the plan may go to the dentist of their choice, but will save money by visiting one of the over 168,000 nationwide MetLife network providers. Not only are out-of-pocket costs lower with participating providers, but when a member exceeds the annual calendar year maximum, they will continue to receive discounted fees.

The Retiree Dental Program is a retireepay-all program available through convenient pension deduction. Retirees and Survivors of municipalities that opt into the program will receive additional details and enrollment mate-

rials during the GIC's spring annual enrollment period. For additional details about the program, visit the GIC's website (www.mass.gov/gic). Contact your municipality to find out if you will be offered this program for July 1, 2013.





The GIC Re-enrollment Team was awarded one of this year's Manuel Carballo Governor's Awards for Excellence in Public Service. The Re-enrollment Team re-enrolled 78,000 active state employees in health insurance plans during the spring of 2011. Over 30 percent of state employees chose to enroll in lower cost plans, saving them money and the Commonwealth more than \$20 million during this fiscal year. The GIC reenrollment team is flanked by Governor Deval Patrick and GIC Executive Director, Dolores Mitchell (left) and Jay Gonzalez, Secretary of Administration and Finance (right).

Keep in Mind...

Q) I have misplaced my health or prescription drug ID card. Whom do I contact for a new card?

A) Contact your health or prescription drug plan for another ID card and for additional ID cards for family members. See sidebar for plan contact information.

Q) I'm turning age 65; what do I need to do? Should I enroll in Medicare Part A and/or Part B if I am eligible?

A) If you are age 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible and **if you are retired** or covered under a retiree's or survivor's plan, you must enroll in Medicare Part A for free and Part B to continue coverage with the GIC. Approximately a month before a GIC retiree's/survivor's 65th birthday, the GIC will mail you a letter notifying you about your health plan options, along with instructions about enrolling in a GIC Medicare Plan.

If you, the insured, **continue working** at age 65 for the state or a participating municipality, **you and your covered spouse** (if applicable) **should NOT** enroll in Medicare Part B until you retire. For Medicare Part A, you and your covered spouse may enroll at age 65 or may wait until the insured retires.

Due to federal law, different rules apply for same sex spouses. Most enrollees should not sign up for Medicare Part D. See the GIC's website for details about same sex spouse, Medicare Part D and other Answers to Frequently Asked Questions: www.mass.gov/gic.

Welcome New Municipalities Effective January 1, 2013!

wo more municipalities are joining the GIC bringing the participating number of municipalities and school districts to 43. The Town of Orange and the City of Peabody will be enrolling in GIC health insurance coverage October 9 – October 24, 2012, for coverage effective January 1, 2013.

Health Insurance	
Fallon Community Health Plan Direct Care, Select Care, Senior Plan	1-866-344-4442
Harvard Pilgrim Health Care	www.fchp.org/gic 1-800-333-4742
Independence Plan, Primary Choice Plan	www.harvardpilgrim.org/gic
Medicare Enhance	www.harvardpilgrim.org
Health New England	1-800-310-2835
HMO, MedPlus	www.hne.com
NHP Care (<i>Neighborhood Health Plan</i>)	1-800-462-5449 www.nhp.org
Tufts Health Plan	1-800-870-9488
Navigator, Spirit	www.tuftshealthplan.com/gic
Mental Health/Substance Abuse and EAP (United Behavioral Health) www.liveand	1-888-610-9039 lworkwell.com <i>(access code: 10910)</i>
Medicare Complement, Medicare Preferred	1-888-333-0880
	www.tuftshealthplan.com
UniCare State Indemnity Plan	1-800-442-9300
Basic, Community Choice, Medicare Extension (OME), & PLUS Prescription Drugs (CVS Caremark)	www.unicarestateplan.com 1-877-876.7214
Heschphon blogs (CV3 caremark)	www.caremark.com
Mental Health/Substance Abuse and EAP	1-888-610-9039
	orkwell.com (access code: 10910)
Questions	
Group Insurance Commission	1-617-727-2310
TDD/TTY Access	1-617-227-8583
N/A	www.mass.gov/gic
Other Benefits for State En	rollees
	all the GIC 1-617-727-2310, ext. 1
(The Hartford)	www.mass.gov/gic
Long Term Disability (LTD)	1-877-226-8620
(Unum)	www.mass.gov/gic
Health Care Spending Account (HCSA) & Dependent Care Assistance	•
(Benefit Strategies)	1-877-353-9442 www.mass.gov/gic
GIC Retiree Vision Discount Plan (Davis Vision)	1-800-783-3594
ore relified vision discount than (Davis vision)	www.davisvision.com
GIC Retiree Dental Plan (MetLife)	1-866-292-9990
(no.20)	www.metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff	1-866-292-9990
and Executive Office staff (MetLife)	www.metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff	1-800-650-2466
and Executive Office staff (Davis Vision)	www.davisvision.com
Other Resources	
Employee Assistance Program (EAP) for	1-888-610-9039
Managers and Supervisors (United Behavioral Health)	www.liveandworkwell.com (access code: 10910)
Massachusetts Teachers' Retirement System	1-617-679-6877 (Eastern MA)
	1-413-784-1711 (Western MA)
	www.mass.gov/rmtrs
Medicare (Federal Program)	1-800-633-4227
	www.medicare.gov
Social Security Administration (Federal Program)	1-800-772-1213
	www.ssa.gov
State Board of Retirement	1-617-367-7770
	www.mass.gov/retirement
For Your Benefit is published by th	
GROUP INSURANCE COMMISSION	

GIC BENEFIT ACCESS

GROUP INSURANCE COMMISSION
Dolores L. Mitchell, Executive Director
Cindy McGrath, Editor

For Your Benefit Fall 2012 7

COMMONWEALTH OF MASSACHUSETTS

GROUP INSURANCE COMMISSION

P.O. BOX 8747 • BOSTON MA 02114-8747

Providing Massachusetts State and Participating Community Employees, Retirees, and Their Dependents with Access to Quality Care at Reasonable Costs

nside..

- ➤ Flexible Spending Account Open Enrollment
- ➤ New Premium Bills Rolled Out This Fall
- > Survivor Recertification Due to the GIC by November 9, 2012



Be Well Commonwealth Employees and Retirees! WellMASS News and Updates

f you're eligible for the WellMASS Pilot Program – the wellness program for GIC-health insurance covered active state employees in the Executive Branch, Constitutional Offices, and the Legislature, and state retirees ages 55-64 and their GIC-covered spouses – be sure to take advantage of the free programs and resources available to you:

- Health Assessment completing your confidential Health Assessment is the first step in taking advantage of this program. Your Health Assessment gives you a snapshot of your current health and helps guide your future wellness goals. Visit https://wellmass.staywell.com;
- ❖ Participate in the Step It Up! Campaign from September 4 November 1– this free walking program will get you moving with your co-workers or other early retirees. Walking is the best, least expensive, easiest exercise you can do to start improving your health, and you'll receive a free pedometer to track your progress towards the 10,000 steps a day goal. For additional details, log into the WellMASS website or see your agency's WellMASS Champion.
- **❖ Follow WellMASS on Twitter** − connect @GICWellMASS.